IOWA DEPARTMENT OF PUBLIC HEALTH BUREAU OF RADIOLOGICAL HEALTH

"PERMIT TO PRACTICE" APPLICATION Revised 1-2013

Instructions for completing this form:

Employer address: _____

- 1. Print or type the required information. Provide the appropriate document(s).
- 2. Send the completed form and the nonrefundable fee indicated below in a check or money order made payable to: Iowa Department of Public Health, Bureau of Radiological Health Lucas State Office Building, 5th Floor, 321 East 12th Street, Des Moines, IA 50319 If you have any questions, please contact: Charlene Craig 515/281-0415; or www.charlene.craig@idph.iowa.gov Applicant's Name: ______Home Phone Number_____ Home Mailing Address: email address City: _____ State: ____ Zip: Date of Birth: Social Security #:____ ______ This application is for a: [] General Radiologic Technologist Permit ARRT Reg # ______ NMTCB Reg # _____ NMTCB Reg # ______ NMTCB Reg # _____ NMTCB Reg # ______ NMTCB Reg # _______ NMTCB Reg # ______ NMTCB Reg * ______ NMTCB Reg * ______ NMTCB Reg * ______ NMTCB Reg * _______ NMTCB Reg * ______ NMTCB Reg * ______ NMTCB Reg \$60 \$60 Radiation Therapist ARRT Reg # \$60 [] Combination permit: [] general radiologic tech [] Nuclear medicine tech [] radiation therapist \$100 ***Please include a copy of proof of a passing score on ARRT or NMTCB examination (as appropriate). Current membership is not required. If you have a current, expired, or inactive permit or license in another state, please list the state and type of C. Current Employer: _____Phone number_____ Employer's Address: If you are not currently working in radiography, nuclear medicine or radiation therapy, please provide the name and address of your last employer and the dates of your employment: Date:_____Employer:____

	Do you have a medical condition(s) which in any way impair or limit your ability to perform under a permit by this application? "Medical condition" means any physiological, mental, or psychological condition, impairment, rder, including drug addiction and alcoholism. [] yes [] no If yes, provide a description of your condition and submit a letter from a physician stating that your condition will
not affe	ect your ability to perform as a permit holder.
2.	Have you within the past 5 years engaged in the illegal or improper use of drugs or other chemical substance? []yes [] no
status. holder.	If yes, provide a letter from your physician or treatment program that identifies your current or past treatmen The letter should also include a statement that your condition will not affect your ability to perform as a permi
3. traffic v	Have you ever been convicted of, or entered a plea of no contest to a misdemeanor or felony? (other than minor violations with fines under \$100). You must answer "yes" even if the matter has been expunged from the record. []yes [] no
	If yes, include the date, location, charge, court disposition and current status (i.e. probation) for each charge. It is a great the charging orders and court tion records.
4. placed	Has any state or jurisdiction of the United States or any other nation ever limited, restricted, warned, censured on probation, suspended, revoked, or otherwise disciplined a professional license or certification issued to you? []yes [] no
	If yes, include date, location, reason, current status, etc.
5. radiogr	Have you professional suits ever been filed against you as a result of your performance as a diagnostic apher, nuclear medicine technologist, radiation therapist, or radiology assistant? [] yes [] no
	If yes, include the date, location, reason, resolution, etc.
6.	Have any judgments or settlements been paid on your behalf as a result of a professional liability case? [] yes []no If yes, include the date, location, reason, resolutions, etc.
7.	Have you ever had a license or permit suspended or revoked from a state or certification body? [] yes [] no <i>If yes, provide a description of the circumstances</i> .
obligati	Privacy Act Notice : Disclosure of your social security number on this application is required by 42 U.S.C. § 13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child supportions and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed including Iowa Code § 421.18.
1.	I will allow a representative of the Iowa Department of Public Health to comprehensively evaluate whether or no I meet the training standards if necessary.
2.	I understand this application is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law.
3.	I understand that submitting false information on this application may result in revocation of the permit.
4. 5.	I will not perform procedures differing from the categories that I have applied for. The information provided on this form and enclosure(s) is truthful and accurate.
Signatu 2/2013	are of Applicant Date